

[illegible]

[illegible]

[illegible]

[illegible]

BDSM		Name:			Date:					
Rate your Pleasure of that Activity: 1 = disliked intensely, 2 = gave no pleasure, 3 = was just ok, 4 = liked it, 5 = extremely enjoyed. Would you Like to Do it (again)? Never = a hard limit, No Desire = a soft limit, Forced = if you were forced to you (might) like it, Maybe = if under the right conditions, Fetish Need = this really turns you on and you can't live without it.										
ACTIVITY	Ever Done?				Would You Like To Do?					
	Yes	No	Rate		Never	No Desire	Forced	Maybe	Yes	Fetish Need
Vampire Gloves										
Verbal humiliation										
Vibrator - anal										
Vibrator - egg/internal										
Vibrator - genital										
Videotaped Scenes - watching										
Videotape Recording of you										
Voyeurism										
Water Torture/Sports										
Wartenburg Pinwheel										
Wearing symbolic jewelry										
Weight control										
Whipping - cat of 9										
Whipping - flogger										
Whipping - single tail										
Whipping - general										
Wrestling										
List any allergies that the Dom(me) should be aware? (if yes, describe:)										
Any medical problems/issues? (if yes, give details:)										
Do you have any known STD's?										
Have you ever been exposed to HIV/AIDS?										
When were you last tested?										
Do you practice safe sex?										
Any specific subject not described in this list that the Dom(me) should be concern with? (if yes describe:)										
Comments:		References:								